

## FORM SUMMARY

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<b>Name of Form:</b>	<b>Order for Conditional Release Plan (Not Guilty by Reason of Mental Disease or Defect)</b>
<b>Form Number:</b>	<b>CR-274</b>
<b>Statutory Reference:</b>	§§51.30(1)(b), 146.82(2)(c), 971.17(3)(d), 971.17(4)(e), Wisconsin Statutes
<b>Benchbook Reference:</b>	CR 34
<b>Purpose of Form:</b>	To order a conditional release plan that will establish the conditions and parameters of a conditional release placement for a defendant who has been determined to be not guilty by reason of mental disease or defect and committed to Department of Health Services (DHS). This form may be used upon initial commitment and/or upon granting a petition for conditional release.
<b>Who Completes It:</b>	The court.
<b>Distribution of Form:</b>	Court original. Copies to district attorney, defense attorney, DHS, DOC, sheriff, municipal police department and the §51.42 Board of county where defendant resides.
<b>Accompanying Forms:</b>	CR-271, Order of Commitment
<b>New form/modification:</b>	Modification; last modification 03/04.
<b>Modifications:</b>	Changed Department of Health and Family Services to Department of Health Services (DHS).
<b>Comments:</b>	
<b>About this form:</b>	<p><b>This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.</b></p> <p><b>If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.</b></p>